PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10717262

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)			TYPE		OR	OR SMALL ENTITY	
TOTAL CLAIMS			8				-	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			多 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		<u> </u> *			X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	·				+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	L	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II									<u> </u>	•	OTHER	THAN
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR.	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
i	FIRST PRESE	NTATION OF MI	JUIPLE DEF	ENDENT	CLAIIVI			+145=		OR	+290=	i i
١		L	TOTAL		OR	TOTAL ADDIT. FEE						
		(Column 1)		Д	DDIT. FEE		•	ADDII. FEE I	· · · · · · · · · · · · · · · · · · ·			
		CLAIMS		(Colun	EST	(Column 3)	lr		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
١ME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						╽┟	+145=		l	+290=	
								TOTAL		OR	TOTAL	
		Α	DDIT. FEE		OR ,	ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	n 20, enter "20."	Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r foun	id in the app	ropriate box	in col	umn 1.	